

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY  
STATE ASSURANCE FUND  
DIRECT PAYMENT APPLICATION**

**Section IV (B): Instructions for Completing the Amount Claimed Summary Worksheet:**

1	2	3	4	5	6	7	8	9	10	11	12	13
REF No.	Preapproval Line No.	Provider Name	Invoice No.	Activity or Phase Code	Cost Schedule Item Code	Item Description	No. of Units Requested	Unit Rate Requested	Subcontracted Cost Amount	Total Mark-Up On Subcontracted Cost	TOTAL AMOUNT CLAIMED	Optional Footnote  See Instructions
1	100	Consultant A	12345	C1	00004	Staff Level	10	60.00	N/A	N/A	600.00	

**Column 1: Reference Number (REF No.)**

Complete the "Ref. No." column with the same reference number used on the Primary Provider Checklist for the appropriate invoice(s) that includes costs for the item claimed on each line.

**Column 2: Preapproval Line No.**

Complete this column with the applicable line number from the Claimed Summary Worksheet attached to the approved preapproval Final Determination letter.

**Column 3: Provider Name**

Complete this column with the name of the Primary Provider unless the costs on the line were invoiced by a Subcontractor or Retailer. If costs were invoiced by a Subcontractor or Retailer, then insert the name of the Subcontractor or Retailer.

**Column 4: Invoice Number**

Complete this column with the associated invoice number for the Provider identified in Column 2. If the invoice is not numbered, use the invoice date.

**Column 5: Activity or Phase Code**

**Applying Activity Codes:** The Activity Code is a numeric code used to represent the activity which best describes the individual Cost Schedule Item Code submitted. If the Direct Payment application is submitted against an ADEQ-Approved Preapproval application that used Activity Codes (prior to July 1, 2005), then the Activity Code for the work claimed on the Direct Payment application should correspond to the Activity Code from the associated Preapproval application.

**TABLE OF ACTIVITY CODES**

ACTIVITY CODE	DESCRIPTION
10	Work Plan Preparation
20	Project Management/Coordination
30	Health & Safety Plan
40	Permitting/Access Agreements
50	Field Investigations – Consultant Personnel Costs
51	Field Investigations – Consultant Direct Costs
52	Field Investigations – Contractor Costs
53	Field Investigations – Analytical Costs
60	Report Preparation
70	Monthly Gauging/Free Product Removal
80	Periodic Monitoring/Field Work
90	Periodic Reporting
100	CAP/Risk Assessment
110	Remedial Activities – Pilot Testing
111	Remedial Activities – Remedial System Installation
112	Remedial Activities – Operation & Maintenance
113	Remedial Activities – Analytical Services
120	SAF Application Preparation
99910	Other (Must Specify)
99920	Other (Must Specify)
99930	Other (Must Specify)

**Applying Phase Codes:** The “Phase Code” is an alpha-numeric code identifying the applicable Phase of Corrective Action, Task completed during the Phase, and, if applicable, an Increment necessary to complete the Task. Phase Codes are provided in the Table of Phase Codes located in the July 1, 2005 Schedule of Corrective Action Costs. If the Direct Payment application is submitted against an ADEQ-Approved Preapproval application that used Phase Codes (after July 1, 2005), then the Phase Code for the work claimed on the Direct Payment application should correspond to the Phase Code from the associated Preapproval application.

**Column 6: Cost Schedule Item Code**

Complete this column using the appropriate code from the Schedule of Corrective Action Costs. If no applicable cost schedule code exists for the activity claimed on the line, insert “00000” in this column.

**Column 7: Item Description**

Complete this column with the title of the cost schedule code (Column 5). If no applicable cost schedule code exists for the activity claimed on this line, insert a brief description of the activity and identify the applicable unit of measure. If the time and materials detail is not included on the associated invoice (the detail must be provided on the worksheet), each increment of the time and material detail must be on a separate line with the appropriate unit of measure

**Column 8: Number of Units Requested**

Complete this column with the number of units requested.

For costs that require time and materials detail:

- 1) if this detail is provided on the associated invoice, then the number of units requested on the associated line of the Worksheet should be one (1), and a footnote in column 13 should indicate that the detail is on the referenced invoice; or
- 2) if the invoice does not contain time and materials detail, then the detail must be provided on the Worksheet. The number of units requested for each unit of measure described in Column 6, must be on a separate line.

**Column 9: Unit Rate Requested**

Complete this column with the unit rate requested. Amounts in excess of the schedule of corrective action costs will be denied. Other than markup, amounts in excess of the invoiced amount, that are within the maximum amount allowed under the applicable cost schedule item code, are not eligible for reimbursement.

**Column 10: Subcontracted Cost Amount**

Complete this column only if the costs claimed on the line are for contracted work or retail purchases. Insert the amount from the subcontractor invoice or retail receipt.

**Column 11: Total Mark-Up on Subcontracted Cost**

Complete this column only if the costs claimed on the line are for contracted work or retail purchases. Insert the amount of markup claimed for the subcontractor invoice or retail receipt.

**Column 12: Total Amount Claimed**

Complete this column with the total cost claimed for each line (multiply the number of units requested by the unit rate requested plus any applicable markup). Amounts in excess of the schedule of corrective action costs will be denied. Other than markup, amounts in excess of the invoiced amount, that are within the maximum amount allowed under the applicable cost schedule item code, are not eligible for reimbursement.

**Column 13: Optional Footnote**

Completion of this column is optional unless the Applicant is requesting evaluation of costs under A.R.S. § 49-1054(C)(1). If the Applicant is requesting evaluation of costs under A.R.S. § 49-1054(C)(1), then this column must be used to correlate the line on the Worksheet with the Table of Substitutions (Section IV(C)). Otherwise, use this column should be used to provide information that will assist in evaluation of the costs claimed on the line.